OPERATOR'S MAINTENANCE CHECKLIST

Project: _____ Equipment # _____ Date: _____

Chose One: Forklift ☐ Other ☐

Skidsteer ☐ Elevated Work Platform ☐ Model # _____

If not applicable leave item check blank

Inspection Checklist	Day							Needs Repair		Defects Reported to Supervisor		Supervisor Initials
	S	M	T	W	T	F	S					
Daily Pre-Start Check	Mark with an "x"							Circle Yes or No				
Fuel Level/Oil Level								Yes	No	Yes	No	
Fluid Leaks								Yes	No	Yes	No	
Fuel Lines/Connections/Status (EWP)								Yes	No	Yes	No	
Loose Bolts, Clips, etc.								Yes	No	Yes	No	
Wheels and Tires								Yes	No	Yes	No	
Forks - move freely, defects (Forklift)								Yes	No	Yes	No	
Hoses Secure, Fluid Leaks								Yes	No	Yes	No	
Horn, Lights Back Up Beeper								Yes	No	Yes	No	
Operational								Yes	No	Yes	No	
Check Cables								Yes	No	Yes	No	
Cracks in Scissor Boom (EWP)								Yes	No	Yes	No	
Operation Pre-use Check												
Foot Brake Operational								Yes	No	Yes	No	
Parking Brake Operational								Yes	No	Yes	No	
Clutch/Gear Shift Operational								Yes	No	Yes	No	
Steering Operational								Yes	No	Yes	No	
Boom/Mast Operational *Test thru full hoist and full tilt*								Yes	No	Yes	No	
Boom/Outrigger Operational								Yes	No	Yes	No	
Platform Inspection Check for Elevated Work Platform (EWP)												
Handrails/Safety Chains/ Bars								Yes	No	Yes	No	
Clean & Free of Obstructions								Yes	No	Yes	No	
Controls - Check All:												
Functions & Indicators (must be legible)								Yes	No	Yes	No	
Motion Warning Devices								Yes	No	Yes	No	
Documentation & Handbook								Yes	No	Yes	No	
Controls - Check All:												
Alarm/Warning Devices/Lights								Yes	No	Yes	No	
Oil Leaks								Yes	No	Yes	No	
Lift Cylinder Condition								Yes	No	Yes	No	
Hydraulic Fluid Condition								Yes	No	Yes	No	
Emergency Lowering Valve								Yes	No	Yes	No	
Battery Fluid Level								Yes	No	Yes	No	
Battery Cables								Yes	No	Yes	No	
Visual Check of Battery Casing								Yes	No	Yes	No	

Report Serious deficiencies immediately.
DO NOT operate a defective machine.

Operators Name: _____

Operators Signature: _____

Comments: _____